



North Carolina Department of Health and Human Services
Division of Medical Assistance
Provider Services Section

2501 Mail Service Center • Raleigh, N. C. 27699-2501
Tel 919-855-4050 • Fax 919-715-8548

Michael F. Easley, Governor
Dempsey Benton, Secretary

William W. Lawrence, Jr., M.D., Acting Director

September 24, 2007

Dear Medicaid Provider:

You are receiving this notice from the North Carolina Division of Medical Assistance (DMA) because we have identified that your entity was paid a minimum of five million dollars last year under your tax identification number. This minimum amount may have been paid to one North Carolina Medicaid provider number or to multiple provider numbers associated with a single tax identification number.

The Deficit Reduction Act (DRA), which went into effect January 1, 2007, required specific changes to states' Medicaid programs. One of the changes is the requirement for employee education about false claims recovery. Section 6032 of the DRA amended the Social Security Act, Title 42, United States Code, Section 1396(a) by adding a new requirement that any entities that receive or make annual payment of at least five million dollars under the State Plan (Medicaid) must have detailed, specific written policies established about the Federal and State False Claims Act for their employees, agents and contractors. (Full text of the Act may be found on the DMA Website at <http://www.ncdhhs.gov/dma/fca/falseclaimsact.html>.)

Effective January 1, 2007, all Medicaid providers are required to certify that they comply with 1396(a)(68) of the Social Security Act as a condition of enrollment in the North Carolina Medicaid Program.

A Letter of Attestation that you have specific written policies and established procedures as mandated by the Deficit Reduction Act is enclosed with this notification. Please read, sign and return the Letter of Attestation to EDS. The Letter of Attestation may also be found by visiting our website at <http://www.ncdhhs.gov/dma/fca/falseclaimsact.html>. If we do not receive your Letter of Attestation within 30 calendar days of the date of this letter, we must deny your Medicaid payments until the Letter has been received.

We will be sampling our provider base and conducting a review of your compliance plans for the State and Federal False Claims Act and Whistleblower Protections. You will be notified at a future date if you are selected for review of your compliance plan.

We appreciate your participation in the North Carolina Medicaid Program. If you have additional questions regarding the False Claims Act please contact EDS at 1-800-688-6696 or (919)-851-8888.

Sincerely,

A handwritten signature in black ink, appearing to read "Wm Lawrence Jr.", written over a horizontal line.

William W. Lawrence, Jr., M.D.